Nordic Council of Ministers

Nordic co-operation on young people's mental health

Cross-Nordic collaboration and practice examples

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This publication is also available online in a web-accessible version at https://pub.norden.org/temanord2022-502.

Preface

Generally, the Nordic region is a good place for children and young people to grow up. The vast majority of young people in the Nordic countries have a high degree of trust in the public system, a high level of education, and a high degree of welfare and equality. The Nordic countries usually make it to the top of the World Happiness Report, and Norway, Iceland, Sweden, Denmark and Finland are all among the 11 countries with the highest Human Development Index. Nevertheless, in recent years we have seen a concerning increase in the number of young people with mental distress across all of the Nordic countries. Mental distress not only affects the well-being of young people in their day-to-day lives, but there is also a risk that, in the absence of early intervention, it may lead to more serious mental health problems and social marginalization in late adolescence and in adulthood. In other words, circumstances which may hold individuals back in relation to their education, employment, social relationships and their quality of life.

As part of the project *Mental Distress Among Nordic Youth*, during the 2020 Danish Presidency of the Nordic Council of Ministers, the National Board of Social Services in Denmark established a Nordic network consisting of representatives from Denmark, Finland, Iceland, Norway and Sweden, the Faroe Islands and Greenland. Among other things, this network has been tasked with compiling an overview of the Nordic countries' cross-sectoral collaboration between the healthcare and social services sectors as well as providing best practice examples of interventions or collaboration models that cut across the two sectors and which are aimed at young people in mental distress. This paper presents the organisation of the sectors, the intention being to create an overview of the context in which the best practice examples operate. Additionally, the countries have identified - based on a specific set of criteria - best practice examples that can be used as inspiration for implementation and/or development of identical or similar interventions across the Nordic region.

The National Board of Social Services in Denmark would like to thank the local representatives in the network for their contribution to the paper. Moreover, they have also contributed towards a positive and constructive dialogue on mental distress among Nordic youth.

The National Board of Social Services in Denmark (Socialstyrelsen)

FEBRUARY 2022

Summary

This paper is based on the Nordic network's knowledge and research of cross-sectoral collaboration between the healthcare and social services sectors and a mapping of practice examples of interventions aimed young people in mental distress.

Cross-sectoral collaboration in the Nordic countries

The paper contributes to an overview of the Nordic countries' organisation of efforts aimed at children and young people in mental distress, including a description of the cross-sectoral collaboration between the healthcare and social services sectors in each of the Nordic countries. The division of responsibilities between the healthcare and social services sectors differs among the Nordic countries. The Nordic countries are divided into regions and municipalities which are responsible in different ways for young people in mental distress. As the division of responsibilities differs between the countries, the cross-sectoral collaboration within them does as well.

Practice examples

Furthermore, this paper contains a number of practice examples, all of which to a greater or lesser extent involve practitioners from the healthcare and social services sectors. All the practice examples target young people in mental distress or young people with a mental disorder across the non-specialist or specialist areas of healthcare and social services. The practice examples have been compiled on the basis of established criteria for selection. The examples are divided according to whether they are interventions or collaboration models/strategies.

Cross-sectoral interventions

In the presentation of the interventions, the examples are divided according to whether they are universal, selective or indicated interventions. The three categories are defined as follows:

- *A universal intervention is "a measure that is desirable for everybody in the eligible population".*
- *A selective intervention is a "measure [that] is desirable only when the individual is a member of a subgroup of the population whose risk of becoming ill is above average".*
- *An indicated intervention is a "measure [that] applies to persons who, on examination, are found to manifest a risk factor, condition, or abnormality that identifies them, individually, as being at high risk for the future development of a disease".*

The Nordic network has contributed with practice examples that fall under all three categories. Although the majority are categorized as being selective interventions, there are a few examples of universal interventions and a single indicated intervention.

Cross-sectoral national strategy or collaboration model

The most common characteristics of the collaboration models and strategies presented in this paper as examples are that they entail multidisciplinary collaboration and formalised and standardised methods. In this context, multidisciplinary collaboration entails practitioners organising into multidisciplinary teams to ensure the intervention is holistic in nature. The teams cut across disciplines and may entail providing advice to practitioners or directly to young people.

Among the formalised and standardised methods, there are examples of how these can contribute to a clear framework for practitioners to work on the basis of strategies and standardised and formalised methods.

1.0 Nordic youth in sustainable communities

The Nordic Council of Ministers is an official forum for cooperation between the Nordic governments and covers Denmark, Finland, Iceland, Norway and Sweden, the Faroe Islands, Greenland and Åland. The Nordic prime ministers bear overarching responsibility for Nordic cooperation, and their vision is for the Nordic region to become the most sustainable and integrated region in the world by the year 2030. The Nordic Council of Ministers exists to serve that purpose. To this end, the Action Plan for Vision 2030[1] describes how the Nordic Council of Ministers shall work in order to achieve the goals of the vision through a range of initiatives, which all relate to the vision's three strategic priorities: a green Nordic region, a competitive Nordic region and a socially sustainable Nordic region.

The Presidency of the Nordic Council of Ministers alternates between the five member countries and lasts for one year at a time. As a core part of the presidency, three priority projects are launched under each term in order to support the vision of the Nordic Council of Ministers. Denmark held the presidency in 2020 and initiated an interdisciplinary priority project entitled *Nordic Youth in Sustainable Communities* (Nordens Unge i Bæredygtige Fællesskaber). The project runs from 2020 to 2022 and consists of three tracks:

1. An analysis of how competencies for active citizenship and student participation appear in legislation and curricula for primary and lower secondary schools, upper secondary education and vocational education in the Nordic countries. This includes gathering methods and tools for teachers' work with student participation in teaching and disseminating them across the Nordic region.
2. Establishing a framework for dialogue, joint projects, and sustainable communities between young people across the Nordic region. This entails annual meetings where young people meet to exchange ideas, take part in joint activities, and cultural exchange. It also includes a pool to fund cross-Nordic projects planned and carried out by young people.
3. A common Nordic collaboration on preventing mental distress among young men and women in the Nordic region, partly by addressing the causes of distress and partly through coherent healthcare and social interventions which target mental distress in children and young people.

The Danish National Agency for Education and Quality holds overarching project responsibility for all three tracks and leads the work on the first two tracks. The work in Track One is managed by the Danish National Agency for Education and Quality, while the work in Track Two is managed by the Danish National Agency for Education and Quality in partnership with the nationwide advocacy organisation for children and youth organisations, the Danish Youth Council. Track Three is anchored with the Danish Ministry of Social Affairs and Senior Citizens under the project management of the National Board of Social Services in Denmark. This paper has a

1. https://www.norden.org/en/node/59611

focus on Track Three, *Mental Distress Among Nordic Youth*, which is the subject of the following sections.

1.1 The Nordic Network

As a part of *Mental Distress Among Nordic Youth*, a Nordic network was established in 2020 consisting of representatives from Denmark, Finland, Iceland, Norway, Sweden, the Faroe Islands and Greenland. Åland has opted out of participating in the network due to a lack of resources. The network will run until 2022 and is currently comprised of representatives from the national boards of health, welfare and/or social services from Denmark, Finland, Iceland, Norway and Sweden, the Faroe Islands and Greenland.

Throughout the project period, the network's mission is to:

1. Map out relevant research-based knowledge across the Nordic region on the associating factors to the increase in mental distress among young people, including knowledge relating to risk and protective factors for mental distress[2].
2. Describe cross-sectoral areas for collaboration between the healthcare and social services sectors in the Nordic region relating to mental distress among young people and map out examples of best practice for coherent, cross-sectoral efforts and interventions aimed at young people in mental distress (present paper).
3. Communicate the results of the mapping of associating factors to mental distress and describe the best practice examples identified for actors within the healthcare and social services sectors and across the Nordic countries.
4. Investigate the possibilities of initiating a common Nordic research project which would aim to undertake a scientific investigation into the causal relationships behind mental distress and to shed light on effective interventions to reduce mental distress among children and young people in the Nordic region.

This paper sets, in relation to the missions above, out the results of the description of cross-sectoral areas for collaboration between the healthcare and social services sectors as well as a mapping of best practice examples across the two sectors aimed at young people in mental distress.

The network has approved the content of this paper.

2. Paper: *Nordic co-operation on young people's mental health Knowledge for mutual benefit - A Cross-Nordic Mapping of Associative Factors to the Increase of Mental Distress Among Youth Part 1 of 3*

1.2 Background to the project

For several years, the Nordic countries have consistently ranked in top positions on the UN's annual World Happiness Report[3], which has been published every year since 2012. This can be explained in part by factors relating to the countries' low levels of corruption, well-functioning democracies and state institutions and the fact that people in Nordic countries have a high degree of trust in one another, in the state and in their public institutions[4]. This does not mean, however, that everyone in the Nordic region experiences a high degree of life satisfaction and well-being. A study from 2018 shows that life satisfaction is uneven across different places in Scandinavia and that a considerable number of people in the Nordic region experience poor mental well-being[5]. This is especially true for elderly citizens over the age of 80 and for young people, and in particular young women. There has been an increase in the number of young people with mental health problems and disorders all across the Nordic region in recent years, and even if the scale of this problem varies, the overarching pattern is that young women feel affected to a greater extent than young men[6].

The percentage increase in the share of young people aged 16–24 in Denmark with poor mental health is greatest among young men[7]. The figure below shows the proportion of men and women with poor mental health and illustrates the increase in poor mental health among this demographic.

3. https://worldhappiness.report/archive/
4. Helliwell et al., 2020: World Happiness Report
5. Nordic Council of Ministers 2018: In the Shadow of Happiness.
6. Birkjær M.(2018): Skyggen af lykken [In the Shadow of Happiness]. Nordic Council of Ministers 2018
7. *Danskernes sundhed – den Nationale Sundhedsprofil 2017*" The Danish National Health Survey] (The Rockwool Foundation).

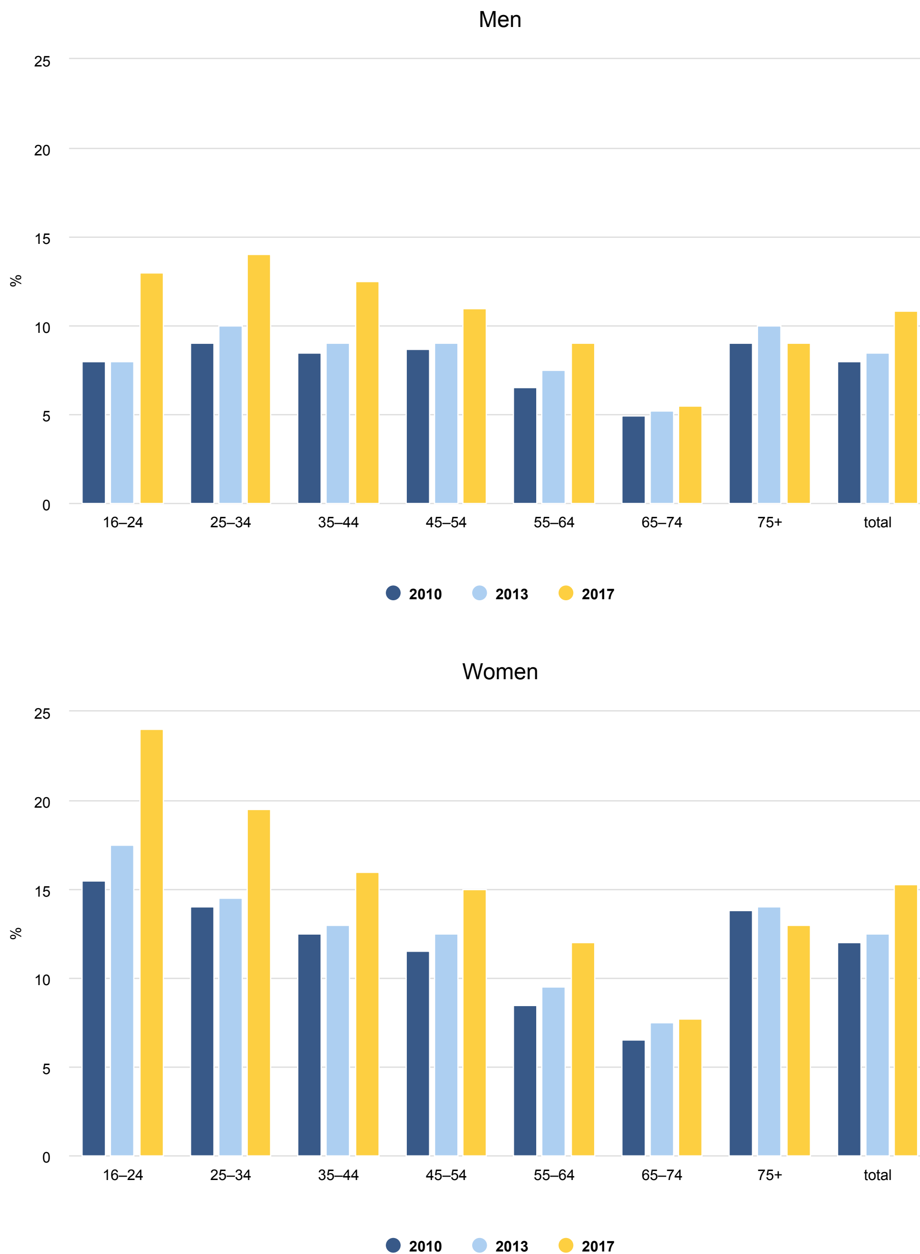


Figure 1. Mental health in Denmark

Note: The figure was constructed using data from Danskernes Sundhed - Den Nationale Sundhedsprofil 2017 - Sundhedsstyrelsen, which originates from *Danskernes sundhed – den Nationale Sundhedsprofil 2017* [The Danish National Health Survey] (The Rockwool Foundation).

The figure above shows that men aged 16–24 have experienced the largest increase in poor mental health. Between 2010 and 2017, there was an increase of 55.4%. For young women in the same age group, the increase for the same period was 50.6% (The Rockwool Foundation).

The figure below was originally published in a report by the Nordic Council of Ministers (2018) and shows the proportion of young people (aged 18–23) from the five Nordic countries who report that they are either unhappy or in mental distress[8].

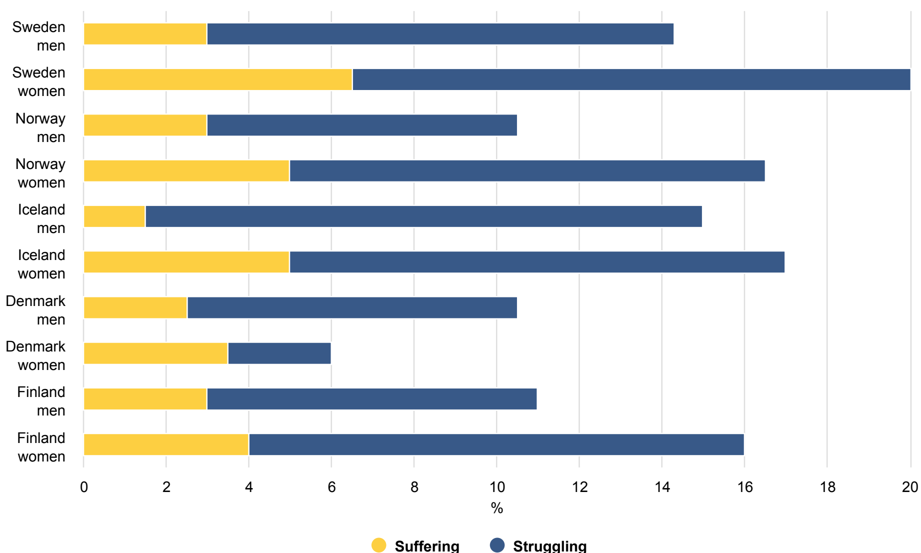


Figure 2. Nordic youth struggling or suffering from mental distress 2012–2016

As the figures illustrate, it is the case in all five countries that a greater share of young women than young men report that they are either in mental distress or unhappy. Overall, 13.5 percent of all young people in the Nordic region aged 18–23 report either that they are in mental distress or unhappy. Only among those aged 80 and older is there a greater proportion (16%) of people who report being in mental distress or unhappy. According to the report, psychological problems are the main reason why young people describe themselves as being either unhappy or in mental distress.

These problems manifest themselves among young people in the form of stress, depression, anxiety, self-harm, the use of antidepressants and, in extreme cases, suicide. The latter is a particularly considerable problem in Greenland and Finland. Finland otherwise ranks as the happiest country in the world, according to the 2020 World Happiness Report. Suicide is the cause of a third of all deaths between young people aged 15–24 in the country[9].

The fact that a growing proportion of young people experience mental distress has both human and socioeconomic consequences. It goes without saying, however, that mental distress can be of varying degrees of severity and duration, and that it may be accompanied by different social and health problems of a greater or lesser

8. Birkjær M (2018): Skyggen af lykken [In the Shadow of Happiness]. Nordic Council of Ministers 2018
9. Birkjær M (2018): Skyggen af lykken [In the Shadow of Happiness]. Nordic Council of Ministers 2018

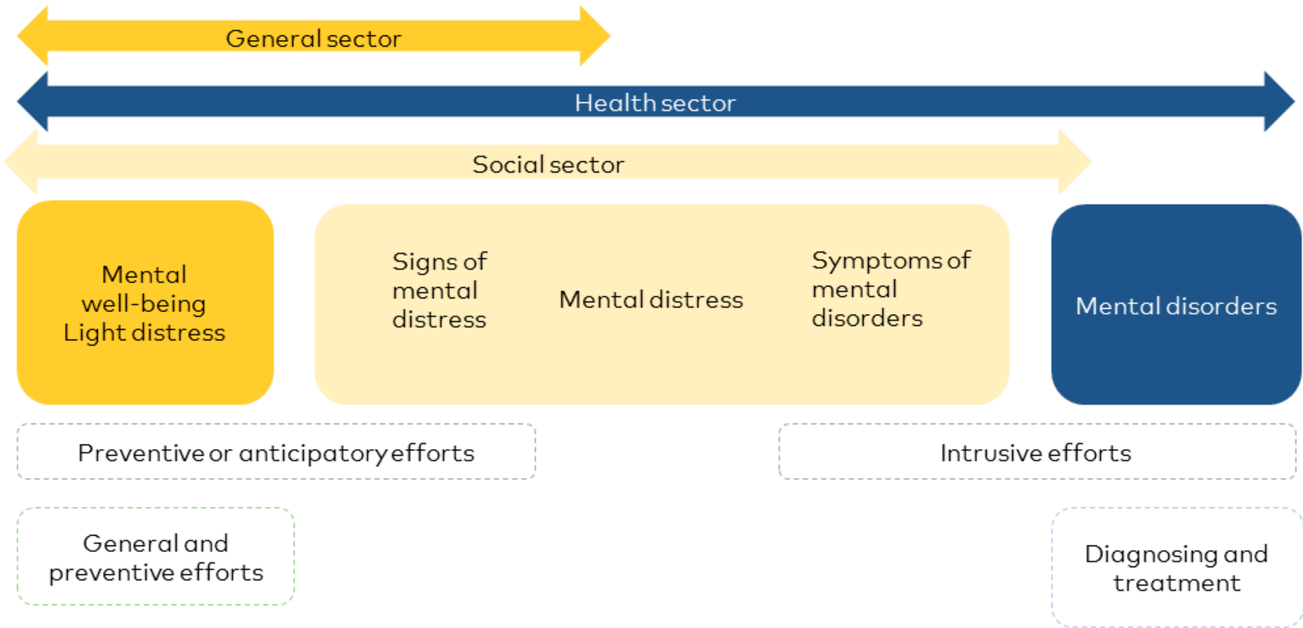
magnitude. The consequences that mental distress can have on a young person's well-being and development are highly individual. For some, it can become difficult to keep up with school or work, while others may have difficulties structuring their daily lives and participating in social activities with their peers.

Altogether, the evidence speaks to the need for a greater scientific and professional focus on creating the right conditions for young people to thrive. Not only would this be of benefit to young people affected by mental distress and their relatives, but it would also have positive socioeconomic effects more broadly.

The background to *Mental Distress Among Nordic Youth* is, among other things, that there is a need for coordinated interventions across the healthcare and social services sectors, as well as knowledge about the impact of the interventions across the healthcare and social services sectors. There are many well-documented interventions targeting young people in mental distress within both sectors, but very few that cut across these sectors. Moreover, there exists a challenge in terms of creating cohesive and coordinated interventions which cut across the healthcare and social sectors in each individual country, hindering young people from being included in their everyday lives in relation to education, part-time employment and activities with others.

1.3 Target group of the project

The target group for this project is young people aged 13–25 who either show signs of mental distress, are in mental distress and/or show signs of mental disorders (the light-yellow target groups).



Model 1. Description of the target group in relation to sector areas

Unlike the project's first paper, *"Nordic co-operation on young people´s mental health – A cross-Nordic Mapping of Associative Factors to the increase of Mental Distress Among Youth"*, young people with mental disorders (the blue box) are included in this paper to allow for the potential inclusion of practice examples across the social services and healthcare sectors. Young people with mental disorders are included based on an assumption that it places greater demands on closer cross-sectoral collaboration when the young person's situation requires treatment that is more interventional.

We are conscious, however, that there is a large degree of overlap and that one may be in mental distress and suffer from mental disorders in much the same way that one can be in a state of mental well-being despite having mental disorders.

1.4 The purpose of "Cross-sectoral collaboration and practice examples"

The purpose of the project entitled *Mental Distress Among Nordic Youth* is to generate more knowledge around the causes behind the increase in mental distress among young people in the Nordic region and to boost knowledge on best practices in relation to efforts and interventions aimed at the target group which cut across both the healthcare and social services sectors. In the long term, the purpose is thus to create a stronger knowledge base for future efforts which target mental distress in young people so that social service and healthcare efforts can, to a greater extent, be based on effective interventions which are better able to create a cohesive effort across the two sectors.

The purpose of this paper is partly to create an overview of the Nordic countries´ organization and cross-sectoral collaboration between the healthcare and social services sectors. The purpose is also to highlight best practice examples and particularly noteworthy elements from the examples to serve as inspiration for the implementation and/or development of new interventions targeting young people in mental distress.

Throughout this paper, we will primarily use the term mental distress. The target group for the specific practice example is stated in connection with the summary of the example. For a further elaboration of the examples' use of the terms mental distress, signs of mental distress or mental disorder, the reader should follow the 'Further reading' link at the bottom of the practice examples.

2.0 Method and data basis

The Nordic Network has been tasked with describing the Nordic countries´ cross-sectoral collaboration between the healthcare and social services sectors, as well as best practice examples of interventions that cut across the two sectors.

In order to prepare the descriptions of cross-sectoral collaboration and best practice examples, the following delimitation has been formulated and applied:

> "An overview of cross-sectoral areas of collaboration between the healthcare and social services sectors in the Nordic region in relation to mental distress among young people, including examples of best practice of cross-sectoral collaboration between the healthcare and social services sectors".

The deliverable consists of a consolidated Nordic inspiration catalogue containing Nordic examples of how the healthcare and social services sectors can work together in relation to the target group. In order to ensure an outcome that benefits every country, each member state in the network has completed the following two sub-tasks (for a detailed description, see Appendix 1):

1. Outline cross-sectoral areas of cooperation between the healthcare and social service sectors in the Nordic region.
2. Outline 2–5 best practice examples of interventions that cut across the healthcare and social services sectors.

In order to outline cross-sectoral areas of cooperation between the healthcare and social services sectors each member state has provided a brief description of the formal organization or structure of their social services sector, healthcare sector and cross-sectoral collaboration. Each member state has outlined who holds the statutory responsibility for the target group of young people suffering from mental distress, including young people with mental disorder.

In order to outline 2–5 best practice examples of interventions that cut across the healthcare and social services sectors each member state have identified and described their best practice examples based on the following criteria:

- The healthcare sector and social services sector should be interpreted to mean the public sector. This means that the intervention must be grounded in public administration. One of the criteria is that interventions must be cross-cutting, with the involvement or representation of both the healthcare sector and social services sector
- The target group must be clearly defined and described based on the Nordic network's defined target group of young people suffering from mental distress or young people with mental disorder
- The best practice examples must live up to standards for well-documented interventions with positive results or outcomes. Description of which knowledge or research the intervention is based on. The intervention must have undergone an evaluation that resulted in positive findings for the target group. Ongoing interventions with results or effects that were anticipated to be positive could be included.

2.1 Selection of the best practice examples

From a template containing the above criteria, each country from the Nordic network has described each example including the following:

1. A written evaluation and documentation of the intervention has been required in order to be eligible for selection.
2. In connection with the selection and preparation of highlighted interventions, member states could conduct brief interviews with representatives from relevant fields, such as psychiatrists, municipal councils, knowledge organizations, municipal interventions aimed at the target group, civil society, etc. to identify relevant interventions.
3. Member states could start this process from any existing surveys, reviews, etc. concerning interventions aimed at the target group with a view to identifying potential examples of best practice interventions.
4. The examples have been categorized in each intervention according to the type of prevention or the preventive potential of the intervention at a universal, selective or indicated level.

However, it was a challenge to identify best practice examples aimed at young people in mental distress that include both the healthcare and social services sectors. Accordingly, in some cases it was necessary to deviate from the criterion that the examples had to have undergone an evaluation in order to qualify for inclusion. As several of the submitted best practice examples have not undergone evaluation, it was also necessary to amend the term to practice examples, as the network is unable to obtain adequate knowledge to generally categorise the examples as *best practice* examples.

This paper does not contain a complete description of each of the Nordic countries´ organization and cross-sectoral collaboration between the healthcare and social services sectors, as this would be too extensive in relation to the project´s framework and scope. Hence, the descriptions of the cross-sectoral collaboration are general in nature. Nor does the paper contain an exhaustive list of examples of interventions that cut across the healthcare and social services sectors and which target young people in mental distress.

The Nordic network has approved the consolidated inspiration catalogue.

3.0 Cross-sectoral collaboration in the Nordic countries

The Nordic countries are organised somewhat differently when it comes to young people in mental distress. In the following section, we review the key elements of the countries' organisation, as well as the cross-sectoral collaboration between their healthcare and social services sectors.

3.1 Organisation and division of responsibilities in the Nordic countries

Common to nearly all the Nordic countries is the fact that they are organised into a division between regions and municipalities, the exception being the Faroe Islands, which does not have regions. The division of responsibilities for mental health varies slightly among the Nordic countries.

Municipalities and regions bear responsibility for the vast majority of direct services to citizens and thereby play a key role in the public sector. Generally, the regions are responsible for the healthcare sector and specialised prevention and treatment services related to mental health among young people, while the municipalities are responsible for the social services sector and early prevention.

The areas of responsibility divided into the healthcare and social services sectors is shown in the table below, which also highlights the areas of cross-sectoral collaboration between them.

	Healthcare sector	Social services sector	Cross-sectoral collaboration
Denmark	The regions are responsible for the health services entailing prevention, diagnostics, treatment, care and rehabilitation of people with mental health problems and mental health problems combined with substance abuse problems.	Municipalities are responsible for municipal healthcare interventions in the social services area, primarily provided in accordance with the Danish Social Services Act.	In order to ensure and facilitate coordination and collaboration across the two sectors, it is required by Danish law that regions and municipalities make 'Healthcare agreements', which describe the division of responsibilities within the area of healthcare.
Faroe Islands	The health services entail prevention, diagnostics, treatment, care and rehabilitation of people with mental health problems and mental health problems combined with substance abuse problems	In the Faroe Islands, the municipalities have limited responsibility for efforts related to people with mental health problems; most interventions are at the national level. Almannaverkið - the Department of Social Services - is the cornerstone of the Faroese welfare system. Its main function is to provide social services to citizens of the Faroe Islands	Legislation requires social authorities to take on a coordinating role when citizens with mental disabilities have contact with many authorities and organisations.
Finland	In January 2023, healthcare, social and rescue services in Finland will be reorganised to ensure equal access to services throughout the country. The healthcare and social services reform will transfer the responsibility for organising health, social and rescue services from the local government level (municipalities) to a new regional government level (well-being service counties). Currently, the primary level of healthcare is provided in healthcare centres, including school and student healthcare. Hospital districts provide specialised services.	At the moment, the provision of social services is the responsibility of municipalities. The aim of the services is to prevent social problems, maintain social security and support people's self-sufficiency. After the reform, the new regional government level will be responsible for organising social services in the area.	Mental health and substance abuse services are distributed over several service areas, starting with primary healthcare providers and social services. Specialist mental healthcare is provided at psychiatric clinics and in psychiatric hospital care. Municipalities have organised the primary level of mental health and substance abuse services differently under healthcare or social services for young people.
Greenland	The Greenlandic healthcare sector is categorised into nine clinical areas, five health regions and seven staff functions. The nine clinical areas include medical, surgical, acute, psychiatric, diagnostic and therapeutic, Landsapoteket, Landstandsplejen, Det Grønlandske Patienthjem, and Steno Diabetes Centre.	The government acts as the core leadership of the Greenlandic social services sector by steering and organising the operation of the sector and conducting supervision of the municipalities' administration of the social services code of practice. The municipal governing body is responsible for executing tasks and taking measures that apply to their social arena, if not delegated by law to other authorities.	The types of cross-sectoral collaboration between the Greenlandic healthcare and social services sector are comprehensive and numerous. The dynamic between the two sectors has a direct and influential impact on the country's citizens, especially the elderly and vulnerable persons, but also children and youth.

	Healthcare sector	Social services sector	Cross-sectoral collaboration
Iceland	Healthcare services in Iceland are provided by the non-specialist healthcare system which is managed by the state. Iceland is divided into seven healthcare districts. In each district, the state operates a Health Care Institution/ Health Care Center which provides their residents with healthcare services through primary healthcare clinics, hospitals, home care and/or nursing homes.	In Iceland, municipalities are responsible for social services and child protection services. Each municipality is accountable for providing social services for residents who require them. Some run their own social services while other form an alliance to provide services to their residents, e.g. in a certain area.	The social services and healthcare services are not formally connected. However, in some areas, the social and healthcare services collaborate closely. In June 2021, the Parliament passed new laws (86/2021) concerning the welfare of children that will take effect on 1st of January 2022. The principal aim is to ensure that children that require integrated services, along with their caregivers, have appropriate unhindered access to such services.
Norway	The central government is responsible for providing specialist healthcare services. Within the specialist healthcare system, four regional health authorities own and govern hospitals through health trusts, which are independent legal entities comprising one or more hospitals with shared governance.	The municipalities are responsible for providing primary healthcare services. The overarching responsibility of municipalities is to ensure all people staying within its borders are given access to necessary health- and care services.	Both the social sector (i.e., municipalities) and the health sector (i.e., hospitals) are required by law to collaborate with each other. The collaboration between these sectors typically entails formal referral processes, for example referrals from general practitioners to child and adolescent psychiatric services.
Sweden	The 290 municipalities and 21 regions have a common responsibility for healthcare in Sweden. According to the Health and Medical Services Act, healthcare services are obliged to Provide treatment as well as prevention services.	The social services can be organised differently across municipalities but should work both preventatively and with treatment. According to the Social Services Act, every municipality is responsible for the social services in their area and has the responsibility to give individuals the support and help that they require.	When the individual needs interventions from both healthcare and the social services, the region is obliged, together with the municipality, to establish an individual plan.

4.0 Practice examples

In the following sections, we present the practice examples identified by the network. The examples are divided into two main categories: *cross-sectoral interventions* and *cross-sectoral strategy or collaboration models.* All the examples involve practitioners from both the healthcare and social services sectors across the non-specialist and specialist areas. However, there are differences in terms of whether they are primarily anchored in one sector or the other, which is illustrated in two matrices.

4.1 Practice examples of cross-sectoral interventions

In the process of identifying cross-sectoral collaborations, the Nordic network discovered several examples of good interventions, which will be presented in the following section. In this paper, an intervention is defined as an "action that is concentrated and aimed at a result"[10]. This action entails an activity that "takes place at a certain time and in a certain place", and the result follows directly or indirectly from the intervention[11]. The interventions identified and presented in this paper are aimed at preventing mental illness and/or promoting mental health through organised interventions, both locally and nationally.

The interventions are presented with a focus on their purpose, target group and actors. It is also noted whether or not the intervention has undergone evaluation. A link has been included to the intervention's website (if one exists) for further reading.

4.1.1 Universal, selective and indicated interventions

The interventions are categorised according to the WHO's classification system of universal, selective and indicated interventions, which denotes interventions at different levels and of different levels of intensity.[12] The chosen method of categorisation can be compared to the "stepped care" model[13], which can be seen as a step ladder model. The lowest step represents treatment forms with the lowest intensity, while the highest step represents treatments with the highest intensity. If the chosen step does not result in the necessary or desired treatment, it moves a step up or down, depending on the desired intensity of the intervention.

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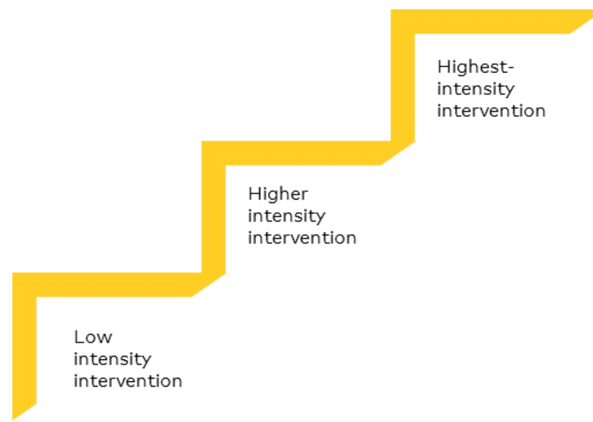
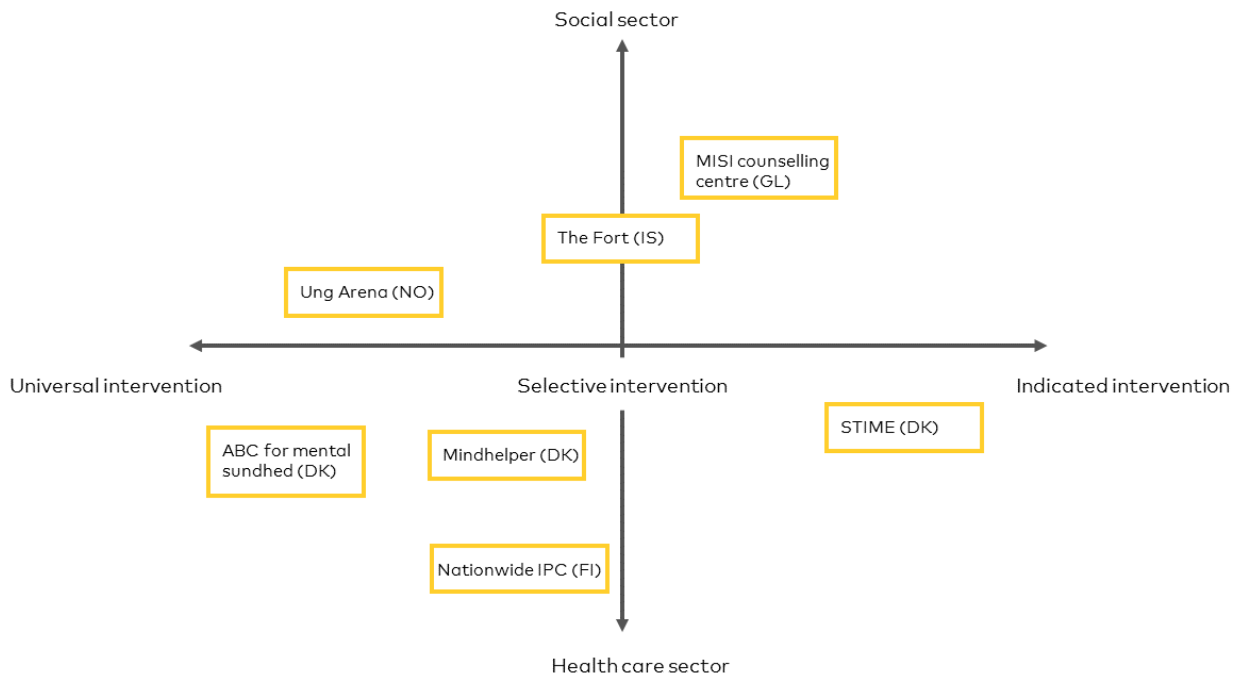
10. The National Board of Social Services in Denmark's term database at https://ss.iterm.dk/
11. The National Board of Social Services in Denmark's term database at https://ss.iterm.dk/
12. WHO (2004): *Prevention of Mental Disorders. Effective interventions and policy options.* Read at http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf. Cf. description in Patricia J. Mrazek, Robert J. Haggerty (eds.) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Read at https://pubmed.ncbi.nlm.nih.gov/25144015/
13. https://vidensportal.dk/temaer/Born-med-angst/stepped-care



The definitions of the three chosen terms - universal, selective and indicated - will be elaborated upon later in this paper.

In the matrix below, the examples are divided according to whether the intervention is *universal, selective* or *indicated.* Furthermore, the examples are placed in relation to whether they are primarily anchored in the healthcare or social services sector. Based on knowledge of the interventions and their professional assessment, the Nordic network has qualified the placement of the interventions in the matrix.



Five of the Nordic countries have identified interventions that we have defined as being universal, selective or indicated interventions. Sweden and the Faroe Islands have not identified practice examples related to cross-sectoral interventions.

4.1.2 Universal interventions

A universal intervention is "a measure that is desirable for everybody in the eligible population"[14]. The purpose of universal interventions could, for example, be to improve public health through spreading knowledge about health and thereby provide people with an informed basis for behavioural changes. The target group for universal interventions could include the entire population of a country, but also only certain segments of the population. The actors responsible for universal interventions in the Nordic countries are often public authorities. A universal intervention often takes the form of prevention, and the prevention strategies can be focused on parts of or the entire population.[15] In many cases, universal measures can be applied without professional advice or assistance,[16] and universal interventions often only require people to take initiatives on their own or reach out for help.

Examples of universal interventions are listed below.

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14. Patricia J. Mrazek, Robert J. Haggerty (red.) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research.* Read at https://pubmed.ncbi.nlm.nih.gov/25144015/
15. Danish Health Authority (2005). *Terminologi – Forebyggelse, sundhedsfremme og folkesundhed.* Copenhagen: The Danish Health Authority. https://www.sst.dk/da/Udgivelser/2005/Terminologi---Forebyggelse-sundhedsfremme-og-folkesundhed
16. Patricia J. Mrazek, Robert J. Haggerty (red.) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research.* Read at https://pubmed.ncbi.nlm.nih.gov/25144015/

ABC for mental health

Purpose
ABC for mental health provides concrete advice for what we ourselves can do to improve our mental health. The advice dispensed is often well-known among the public, but many people forget to consider it, fail to prioritise it or simply lack the energy to heed it. The project establishes a framework for a long list of meaningful communities, activities and events that everyone can take part in. The activities within the ABC framework are run by a variety of partners, i.e. associations, organisations and municipalities.
The partners' goal for activities within the framework is to increase opportunities for all people to stay mentally healthy by being active, nurturing friendships and relationships with other people and getting involved in activities that feel meaningful; improving and bolstering mental health through activity, community and meaning. The intervention has been implemented throughout Denmark.

Actors
The Danish Mental Health Fund is behind the intervention and accordingly holds primary responsibility for the intervention together with municipalities, associations, organisations, etc.

Target group for initiative
ABC for mental health is aimed at the entire population.

Evaluation/documentation/method
ABC for mental health has undergone evaluation in Denmark. The conclusions note that "using the ABC-framework to develop and implement mental health promotion initiatives holds great promise for advancing and promoting mental health promotion practice. Rigorous effectiveness studies are needed to determine the long-term effects of these MHP initiatives."[17]

Further reading: https://www.abcmentalsundhed.dk (in Danish only)

17. https://www.abcmentalsundhed.dk/media/1628/abc-rammen-en-vaerdifuld-ressource.pdf

Ung Arena

Purpose
Ung Arena is a low-threshold, physical drop-in arena that young people can visit and benefit from a co-located and complete service. Young people themselves can approach Ung Arena; no referral is needed. The goal is to provide free and easy access to help tailored to the needs of the young people. The intervention has been implemented in all of the largest Norwegian municipalities. Ung Arena themselves describe the intervention as building upon a universal preventive public health perspective which provides the opportunity for fast and seamless access to help in the more organised public sector apparatus.
Ung Arena tackles both social and mental health problems. Exactly how this is done varies between sites. A psychologist is always present; but how they tackle social issues may differ. Some offer assistance with social issues through conversations (either with user-consultants or psychologists), while other Ung Arena sites have a collaboration with the body that deals with unemployment (NAV).

Actors
Includes volunteers, user-consultants and professionals (including psychologists). The service is provided by municipalities, which have a binding collaboration with Ung Arena, which owns the model.

Target group for initiative
The target group is young people between 12–25 years of age who need someone to talk to about their social or mental problems. The intervention also targets young people who show signs of mental distress, are in mental distress, or show signs of mental disorder. Young people who are in need of more professional help are guided in the right direction or referred to relevant services by Ung Arena.

Evaluation/documentation/method
Documentation of the intervention and examples of its implementation are available.

Ung Arena is staffed by practitioners, experienced consultants and volunteers working together to help young people. Collaboration agreements with various public services mean that practitioners are able to work closely with nurses, social workers, substance abuse counsellors, study counsellors, etc. Ung Arena is a low-threshold service without waiting times and easy access, giving its users a smooth transition to public services.

Further reading: https://mentalhelse.no/vart-arbeid/ungarena (in Norwegian only)

4.1.3 Selective interventions

A selective intervention is a *"measure [that] is desirable only when the individual is a member of a subgroup of the population whose risk of becoming ill is above average*".[18] Age, gender, occupation, family history, or other evident characteristics can separate the subgroups from one another, but individuals within the subgroups upon personal examination can be perfectly healthy. Because of the increased risk of illness, however, the balance of benefits against risk and cost can be justified. The Danish Health Authority defines 'selective prevention' as "preventive measures where the target group consists of population groups with known risk factors or known risk behaviour"[19]. The target group for selective interventions is therefore narrower than the target group for universal interventions.

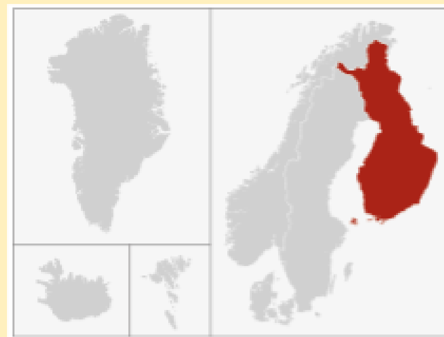
Examples of selective interventions are listed below.

18. Patricia J. Mrazek, Robert J. Haggerty (red.) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Read at https://pubmed.ncbi.nlm.nih.gov/25144015/
19. Danish Health Authority (2005). *Terminologi – Forebyggelse, sundhedsfremme og folkesundhed.* Copenhagen: The Danish Health Authority.

Interpersonal Counselling - IPC

Purpose
Interpersonal counselling (IPC) is a structured time-limited 6-session individual therapy for treatment of young people with primarily depressive symptoms seen in local authority non-specialist mental health services. The method is based on interpersonal psychotherapy (IPT), which is a treatment with a strong evidence base for adolescents with moderate to severe depression. While IPT must be delivered by a qualified mental health professional with extensive training, thus being not a feasible treatment option for use in primary health care services, IPC can be delivered by non-specialist staff working with young people in their local environments, e.g. schools. The method is manualised, brief, time-efficient and cost-effective, and with very practical content. In Finland, nationwide implementation of IPC particularly in school environments is currently in process.

Actors
Mainly school psychologists, social workers from schools and school nurses who have been trained to deliver the method.



Target group for initiative
Young people with mild depression and depressive symptoms.

Evaluation/documentation/method
IPC has been evaluated to some extent.[20] Among other things, the evaluation found that:

- Outcome measures included self- and clinician-rated measures of depression, global functioning and psychological distress/well-being
- At post-treatment over 50% of adolescents achieved recovery based on self-reporting and over 70% based on observer reporting
- Brief and structured interventions such as IPC, are beneficial in treating mild-moderate depression in school settings and can be administered by professionals working at school

Governmental report page: https://tietokayttoon.fi/julkaisu?pubid=24701
The ongoing implementation has not been evaluated yet.

Further reading: www.mielenterveystalo.fi/ipc

20. https://doi.org/10.1007/s12310-019-09346-whttps://www.sst.dk/da/Udgivelser/2005/Terminologi---Forebyggelse-sundhedsfremme-og-folkesundhed

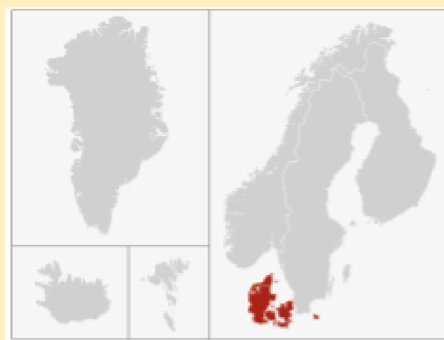
Mindhelper

Purpose
Mindhelper is a low-threshold service for children and young persons aged 13-20 with well-being issues or incipient mental difficulties and symptoms.

Actors
The Danish regions, primary and lower secondary school and units within the municipality's healthcare and social services area.
Mindhelper is developed and implemented by the five Danish regions collaboratively as a service for young people across Denmark. Organisationally, the project is anchored in Telepsykiatrisk Center, which is part of the Region of Southern Denmark's psychiatry services. The Mindhelper team is currently staffed by three permanent employees and three psychology students whose responsibilities include responding to letters received via Mindhelper.dk. An authorised psychologist from Telepsykiatrisk Center is also attached to the project.

Target group for initiative
Mindhelper has two primary purposes:

- To help young people who are struggling through spreading knowledge about mental health and by guiding them towards relevant services that can help.
- To contribute to improving the general well-being of young people through online courses and educational material.



Evaluation/documentation/method

An impact evaluation has been conducted for Mindhelper[21]. The evaluation concluded that Mindhelper is a good and relevant service for young people in Denmark and allows them to receive information and advice on a wide range of topics. Mindhelper's users are made up of 'ordinary' young people with 'ordinary' problems for their age more so than other groups with more serious issues.
The conclusion also notes that Mindhelper only helps young people with long-term and more complex problems to a lesser extent in terms of information, advice and guidance.

Further reading: https://mindhelper.dk/

21. https://mindhelper.dk/wp-content/uploads/2017/11/Effektevalueringsrapport.pdf

MISI counselling centre

Purpose
MISI is a counselling centre for children and young people, and it is located in all five municipalities in Greenland, with headquarters in each municipality. The centre provides counselling for parents and professionals working with children and young people in the ages of 0–18 years. Parents can contact the centres by phone, e-mail or in person, after which they will be contacted by MISI. People who work with children, such as educators or teachers, must obtain parental consent before they can contact MISI.
MISI does not offer treatment, only counselling. Examples of issues they deal with include children who struggle to speak clearly or as quickly as their peers, children who struggle to fit in or children who need help due to bullying or academic difficulties. However, MISI may recommend parents to seek psychiatric treatment services in those cases where the child is in need of more help than MISI can provide. MISI prepares a report on the child's issues, which the parents can take with them when they and the child are referred to psychiatric services.

Actors
Social and healthcare sector (specifically municipality and psychiatric services for children and young people)

Target group for initiative
Children and young people with psychiatric difficulties and challenges. No referral is needed.

Evaluation/documentation/method
The collaboration is relatively new and accordingly, there exists no evaluation of the intervention as of yet. However, a quote from the Greenlandic psychiatric services indicates a positive development as a result of this dynamic: "The collaboration has improved due to a heightened understanding of each other's working procedures and limitations. It is not perfect, but it is an improvement."

Further reading: Sermersooq: https://sermersooq.gl/da/paedagogisk-psykologisk-raadgivning-misi/

Qeqqata: https://www.qeqqata.gl/emner/borger/skole_og_pasningstilbud/misi?sc_lang=da

Qeqartalik: https://www.qeqertalik.gl/emner/borger/skole_og_uddannelse/misi-qeqertalik?sc_lang=da

The last two municipalities, Avannaata Kommunia and Kommune Kujalleq, do not have a local MISI website.

The Fort ("Virkið")

Purpose
The goal of the Fort is to provide young people cross-sectional services in various areas of life, such as job searching, schooling, rehabilitation or other aspects of life. The intervention started in 2009 and has now been implemented in the majority of primary healthcare centres in the capital area and in a few outside the capital.

Actors
The Fort is a collaborative service involving fourteen public and non-profit organizations (NGOs) in Akureyri and the surrounding area in northern Iceland. Collaborators include the department of social services from the municipality of Akureyri, the Icelandic Directorate of Labour, the Health Care Institution of Northern Iceland, Akureyri Hospital, Akureyri Junior College, Akureyri Comprehensive School, the police and Grófin (a peer-run mental health support center).

Target group for initiative
Young people within the age range of 16 and 29 years. Signs of mental distress or mental illness are not criteria for the service, but most of the young people who receive the Fort's service do show some sign of mental distress or dealing with illness. If the young person is showing signs of mental distress or dealing with illness, the staff refers them to/contacts the collaborating parties, the primary healthcare clinic or the psychiatry department at the hospital, depending on each case, and the young person is treated accordingly.

Evaluation/documentation/method
The service has neither been scientifically nor financially evaluated, but the participating organisations report general satisfaction with the service.

Further reading: No webpage available

4.1.4 Indicated interventions

An indicated intervention is a *"measure [that] applies to persons who, on examination, are found to manifest a risk factor, condition, or abnormality that identifies them, individually, as being at high risk for the future development of a disease*".[22] The identification of persons for whom indicated preventive measures are advisable is the objective of screening programs.[23] The purpose of an indicated intervention is to limit risk factors or risk behavior based on identifiable individual risk factors.[24] Indicated interventions usually consist of outreach work or personal/individual meetings.

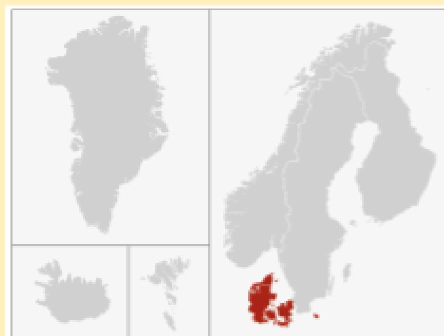
Examples of indicated interventions are listed below.

22. Patricia J. Mrazek, Robert J. Haggerty (red.) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Read at https://pubmed.ncbi.nlm.nih.gov/25144015/.
23. Patricia J. Mrazek, Robert J. Haggerty (red.) (1994): *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Read at https://pubmed.ncbi.nlm.nih.gov/25144015/.
24. Danish Health Authority (2005). *Terminologi – Forebyggelse, sundhedsfremme og folkesundhed*. Copenhagen: The Danish Health Authority. https://www.sst.dk/da/Udgivelser/2005/Terminologi---Forebyggelse-sundhedsfremme-og-folkesundhed.

STIME

Purpose
'**S**tyrket **t**værsektoriel **i**ndsats for børn og unges **me**ntale sundhed' (STIME) is a development project where the Danish regions' child and youth psychiatric centres collaborate with seven Danish municipalities. The goal is to ensure that children and young people in mental distress and their parents get help in their local environment before the problems get out of hand. The idea is to give families access to easier treatment and guidance in the municipality while also giving them the opportunity to maintain their everyday lives.

Actors
The regional child and youth psychiatric centres hold overall responsibility for the projects, but in close collaboration with the municipalities.



Target group for initiative
The target group in STIME is families with children and young people with challenges in one of the following areas:

- When restlessness, attention or impulsivity is a challenge (3–10 years)
- When the child/young person is overly occupied with worrying or sadness (6–17 years)
- When the child/young person is overly occupied with thoughts about the body and food (10–17 years)
- When difficult emotions lead to self-harm (13–17 years)

Evaluation/documentation/method
Qualitative study of STIME: Kvalitativ undersøgelse af 'Fremskudt Funktion' til sikring af tværsektoriel indsats for psykisk sårbare børn og unge i Region Syddanmark - Syddansk Sundhedsinnovation (Kvalitativ undersøgelse af Fremskudt Funktion - SDSI). Among other things, the study found that:

- Fremskudt Funktion facilities cross-disciplinary collaboration, increases awareness of the impact of cross-disciplinary discussions, creates a common understanding, generates new knowledge and ensures that interventions are coordinated
- Municipal counsellors, school managers and general practitioners in Kolding find the basic purpose of the project - bringing psychiatric services closer to families and municipal practitioners - very valuable.

Further reading: https://www.psykiatri-regionh.dk/centre-og-social-tilbud/Psykiatriske-centre/Boerne-og-Ungdomspsykiatrisk-Center/Om-centret/UTS/stime/Sider/default.aspx

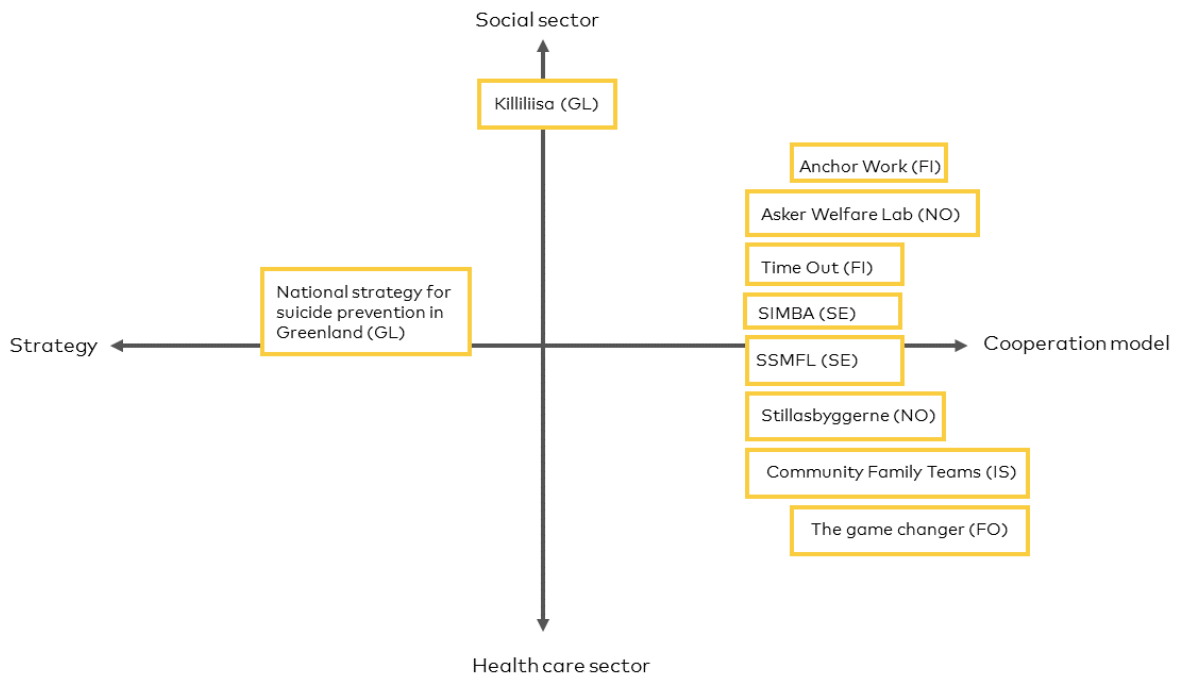
4.2 Practice examples of cross-sectoral national strategy or collaboration models

In the identification of the practice examples, the Nordic network found several examples of collaboration models or collaboration strategies, which are presented in the following section. The intention was to identify examples of collaboration models that cut across the healthcare and social services sectors. During the process, strategies for cross-sectoral collaboration were also identified. These have also been included in the following section.

Six of the Nordic countries have submitted practice examples that are considered to fall under the category *strategy or collaboration model.* Denmark has not submitted any examples that are considered to belong to this category.

In the matrix below, the examples are divided according to whether the example is a collaboration model or a strategy for collaboration and whether they are primarily anchored in the healthcare sector or social services sector.

Based on knowledge of the interventions and their professional assessment, the Nordic network has qualified the placement of the interventions in the matrix.



In our review of the examples of collaboration models and strategies, the key recurring elements consisted of the following:

- Interdisciplinarity
- Standardised and formalised methods

4.2.1 Interdisciplinarity

The term 'interdisciplinarity' often appears in different sectors. It is an established term in social work as well. Nearly as often as the term is used, however, it is noted how difficult it is to establish collaborations across sectors, organisations, professions and disciplines.

Among other things, interdisciplinarity should be considered collaboration between professions, which according to Gill & Ling (1995) can be divided into:

"Interprofessional": *This involves shared training which aims to help profesisonals to work together more effectively in the interest of their clients and patients by enhancing co-operation*

"Intraprofessional": *A term reserved for those situations in which a professional group is subdivided into smaller sections each with specific areas of specialization. The dynamics of work are similar to those seen in interprofessional activities with a noteable difference that in intraprofessional shared learning there already exists a basic learned commonality of perspective"*[25]

In the present paper, interdisciplinarity is regarded as collaboration between professions with a focus on interdisciplinary collaboration between professional groups with different educational backgrounds. The interdisciplinary element in the examples below means that they organise into interdisciplinary teams to ensure a holistic intervention. The intervention cuts across disciplines and may entail providing advice to practitioners or directly to young people.

The collaboration models below are intended to serve as examples of successful cases of interdisciplinary collaboration between professional groups.

Practice examples of interdisciplinary models are listed below.

25. Lauvås & Lauvås, 2004: *"Tværfagligt samarbejde – Perspektiv og strategi"*

Stillasbyggerne

Purpose
The goal is to identify and follow-up children and youth under the care of child protection services with psychological problems, contribute to increased quality of life for these, and improve the collaboration between child protection services and all other private and professional helpers involved. The intervention is therefore predominantly therapeutic by nature, but may also be viewed as preventive in cases where there is high risk of exacerbation of psychological problems. Stillasbyggerne identify and engage actors to reach common goals and gives councelling and support to child protection services.

Actors
Stillasbyggerne is a team consisting of 8 psychologists and experts on child protection services. Their organizational base is Akershus University Hospital. Stillasbyggerne consist of psychologists and child welfare consultants, and an administrative special adviser. The intervention has one team of Stillasbyggerne that collaborate with many of the Norwegian municipalities. They help the municipal child welfare services and one institution to tailor measures for children living in foster homes and institutions.

Target group for initiative
Children and youth between 0–25 years of age, who live under the care of child protection services (in foster care or institutions) and have psychological problems.

Evaluation/documentation/method
Documentation of the Stillasbyggerne service is available in preliminary evaluation reports.[26] The evaluation reports concludes that Stillasbyggerne:

- Covers a need for young people with complex challenges that other services do not
- Both young people and partners say that they are very happy with the work done by Stillasbyggerne.

A full and official service description is available on Stillasbyggerne's webpage.

Further reading: https://www.stillasbyggerne.no/

26. See www.stillasbyggerne.no.

Asker Welfare Lab

Purpose
Asker Welfare Lab is a model designed to provide and coordinate services for families and young people with complex problems. Asker Welfare Lab maps the users' life situation and assembles an interdisciplinary investment team representing various sectors and services. The goal is to improve living conditions and quality of life and stop problems from worsening.
The intervention has been implemented in Asker municipality, west of Oslo.

Actors
Municipal, state and private sector employees who all contribute to interventions for the individual. The investment team is led by a case-manager – the investment team leader. These teams consist of key actors who have the authority to make decisions, and together they make a plan with short and long term goals.

Target group for initiative
One of Asker Welfare Lab's target groups is young people between 16–25 years of age with complex problems. It targets young people who have problems in relation to housing, substance abuse, school, work, mental health, etc. It is suitable for young people who show signs of mental distress or are in mental distress in the presence of complicating factors. Asker Welfare Lab is viewed as a preventive effort to quickly alleviate problems before they become exacerbated.

Evaluation/documentation/method
Asker Welfare Lab has been piloted and initial evaluations have been completed. Evaluations showed that:

- Users were satisfied with the service and measures were implemented faster within the context of Asker Welfare Lab.
- The users enjoy the fact that they meet all the involved professionals at the meetings and thereby avoid having to hold meeting with people in several sectors[27]

Further evaluations are planned.

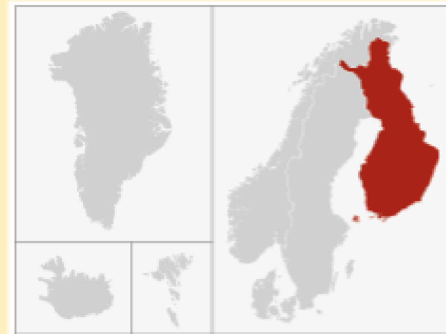
Further reading: https://www.asker.kommune.no/sosiale-tjenester-og-boliger/asker-velferdslab/

27. Read the report here: «Erfaringer fra forsøk med velferdslab i Asker kommune». http://biblioteket.husbanken.no/arkiv/dok/Komp/Erfartinger%20fra%20forsok%20med%20velferdslab%20i%20asker%20kommune.pdf

Anchor Work

Purpose
The purpose of Anchor Work is to promote the well-being of adolescents and prevent crime at an early stage. Locally, Anchor teams may also work on cases of domestic violence involving families or partners. The multi-professional team meets with the adolescents and his or her parents or guardians at the earliest possible stage in order to provide the appropriate support and, if necessary, direct him or her where to get the right help or support. The team offers individual and comprehensive support for adolescents.
The intervention has been implemented throughout Finland.

Actors
Anchor Work is staffed by multi-professional teams consisting of professionals from the police, social services, health services and youth services. The composition of the team may vary from case to case.



Target group for initiative
Young people who are suspected of or reported for criminal behaviour; who have used intoxicating substances; who have exhibited signs of violent radicalisation or extremism; and young people who have issues with well-being, such as domestic violence.

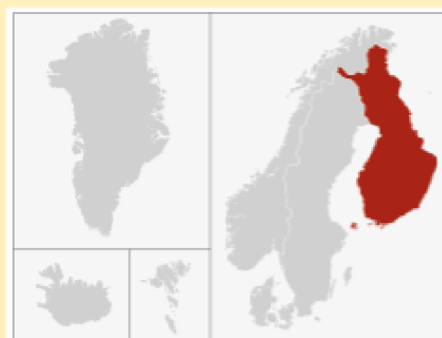
Evaluation/documentation/method
No evaluation has been conducted, but professionals and young people have found Anchor Work to be a meaningful and effective way for professionals in different fields of expertise to collaborate. The method has recently been manualised to support its implementation, development and assessment. Systematic research on the intervention is underway.

Further reading: https://ankkuritoiminta.fi/en/anchor-work-in-finland

Time Out (Aikalisä)

Purpose
Time Out provides support and assistance for men of conscription age and for women who wish to volunteer for military service. The purpose is to reach out to young men and women who are in need for psychosocial support, for instance in connection with finding employment, completing military service and moving from military service to education, work or another service that the young person needs. Time Out is present at the call-ups, providing young people with an opportunity to discuss matters that concern them, including topics like mental health issues, work and education, housing or financial insecurity. It provides easy-to-reach low-threshold assistance, comprehensive encounter and needs-based service guidance. that the approach is perceived as valuable seen as an essential means of preventing young people from being at risk of exclusion at an early stage.
The intervention has been implemented in 94% of all municipalities in Finland.

Actors
The programme is run by the Time Out! Counsellors, who are professionals working in the outreach youth work. When needed, the client is referred to other employment, social and health services. Activities provided by the programme are subject to several legal provisions, such as those laid down on outreach youth work in the Youth Act (Youth Act 1285/2019) and the provisions on cooperation with other sectors. The Ministry of Education and Culture is responsible for the national coordination of Time Out! activities.



Target group for initiative
Men of conscription age and for women who wish to volunteer for military service.

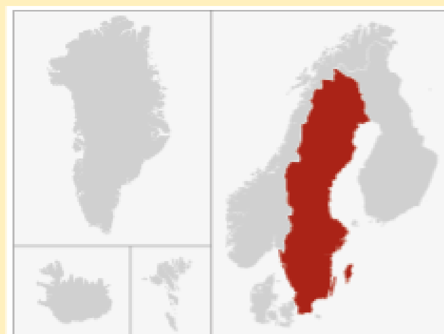
Evaluation/documentation/method
The efficacy of the programme has been investigated within a randomised controlled trial. The findings showed that the programme reached out, especially, to young men with mental distress and accumulated psychosocial problems. At the one-year follow-up, the psychological distress among men participating in the programme decreased more than among men in the control group.

Further reading: https://okm.fi/en/workshop-activities-and-outreach-youth-work

SIMBA

Purpose
The ambition of the SIMBA project was to create a clear working method and a common structure that facilitated the communication between all functions that collaborate around the child/young person (school, healthcare and social services). When a SIMBA team meets, the attendees try to find out which interventions are possible to implement and suitable for the child based on the child's needs.
The project has been implemented in 4 municipalities in western Sweden.

Actors
Staff in social services, student health, paediatrics and adolescent medicine, youth clinics and health centers.



Target group for initiative
Children and adolescents 0–18 years old in mental distress who require coordinated interventions from school, healthcare and social services. The interventions also include support for relatives and parents.

Evaluation/documentation/method
A follow-up on the work with the model was conducted in 2020. The follow-up found that:

- The professionals' experiences with the model are good and satisfactory
- The children and young people find that they are treated with respect when joining a SIMBA team
- The collaboration model fulfils its stated purpose, and the children and young people feel helped by the intervention

Further reading: https://alfresco-offentlig.vgregion.se/alfresco/service/vgr/storage/node/content/workspace/SpacesStore/795d5cd5-1f64-4388-b706-d2e05b36165c/SIMBA-team%202020%20rapport.pdf?a=false&guest=true

Community Family Teams

Purpose

If a child's or young person's behavioural or mental health challenges have not been successfully solved or treated within one system (e.g., primary healthcare), their case can be referred to the community family team. All participating organisations can refer a child or young person to the team. Parents give consent that matters of the child and family can be discussed at team meeting and among the professionals handling the case.

The intervention started in 2008 and has now been implemented in the majority of primary healthcare centres in the capital area and in a few outside the capital area.

Actors

Community family teams in Iceland are cross-sectoral consultation teams offered in primary services. The teams are organised in collaboration between primary healthcare centres, the Division of Child and Adolescent Psychiatry the Icelandic National University Hospital (BUGL), social services, school support services and child protection services.

Target group for initiative

Children and young people (0–18 years) with signs of mental health challenges or who are suffering from mental or developmental disorders.

Evaluation/documentation/method

The community family teams have been evaluated through user surveys, but not in a research study, nor have they been financially evaluated. It has enhanced collaboration between institutions and promoted cross sectoral collaborations. It can improve access to services to the children and their families. According to user surveys, parents found the service helpful for their children, and collaborators reported general satisfaction and enhanced collaboration.

Further reading: https://throunarmidstod.is/leidbeiningar/fjolskylduteymi/ (only Icelandic)

The game changer

Purpose
With extensive cross-disciplinary work, The game changer helps young people with severe psychological problems avoid urgent hospitalisations in psychiatric wards. The aim is individual progress and to help young people in ways that allow them to lead an independent and full life and participate in society. The long-term aim is ensure that young people feel that they are a part of society and get a sense of contribution and belonging.

Actors
The project is based in Torshavn in the Faroe Islands. A board runs *Stoffalág 35*. The representatives on the board are from Almannaverkið, the public psychiatric services and Sernám. The staff in *Stoffalág 35* is multidisciplinary and consists of nurses, pedagogues, occupational therapists, a psychologist, a healthcare worker and a dietician.

Target group for initiative
Children and young people (0–18 years) with signs of mental health challenges or who are suffering from mental or developmental disorders.

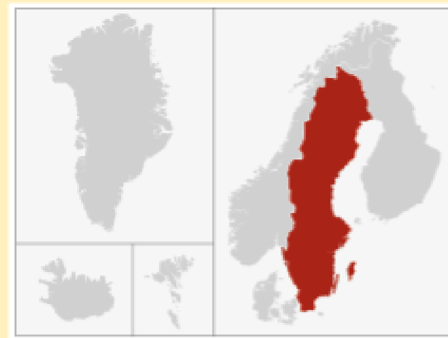
Evaluation/documentation/method
The community family teams have been evaluated through user surveys, but not in a research study, nor have they been financially evaluated. It has enhanced collaboration between institutions and promoted cross sectoral collaborations. It can improve access to services to the children and their families. According to user surveys, parents found the service helpful for their children, and collaborators reported general satisfaction and enhanced collaboration.

Further reading: https://throunarmidstod.is/leidbeiningar/fjolskylduteymi/ (only Icelandic)

School-based collaboration model for the first line (SSMFL)

Purpose
The aim is for children and adolescents to have the opportunity to seek help themselves in an easily accessible way. The intervention is therefore available at schools through the student health services. The follow-up at the individual level is done by the actor responsible for the intervention. If several actors are conducting the intervention, there is a collective responsibility, and each actor follows up on their part.
No referral is needed to take part in the activity. It addresses all children and adolescents who show signs of mental distress, such as stress or anxiety.
The intervention was piloted in 10 Swedish municipalities and has now been implemented in some parts of Sweden.

Actors
A requirement for participation in the intervention is that all three actors - healthcare, social services and student health services - participate. All participating actors have a collective responsibility for the development of the model, and each of them is responsible for their resources and costs.



Different professions, such as psychologists, nurses, school counsellors and special educators from school, social services and healthcare are involved in the intervention. The specific actors involved are based on the child's/adolescent's needs. The school/student health service is intended to be the common arena that gathers the different actors to make it easier for the student and the caregiver to seek help.

Target group for initiative
Children and adolescents who show signs of, or are at risk of, developing mental distress. The age of the target group varies in each municipality, but the model can be adapted to all school forms, regardless of age.

Evaluation/documentation/method
An evaluation was conducted in 2021. The evaluation found that:

- SSMFL is considered a relevant model in the work with children's and young people's mental illness.
- For future work with SSMFL, a more detailed planning of target behaviours is recommended, and efforts should be included in the work of developing and implementing the model.
- SSMFL has the potential to improve the mental health of children and young people, but that a number of factors need to be taken into account when the model is developed and implemented.

Further reading: https://www.uppdragpsykiskhalsa.se/wp-content/uploads/2021/04/Rapport-empiri-2021-03-25.pdf

4.2.2 Standardised and formalised methods

In this paper, standardised and formalised methods are regarded as descriptions of means to achieve specific purposes. The standardised and formalised methods are thus official and recognised methods for fulfilling the purpose of the work. The methods contain guidelines for the social work, i.e. clear specific and defined approaches.

Social workers can get a sense of freedom from working according to standardised and formalised methods. The theoretical and methodological framework for the social work makes it relatively clear how to understand the social issues and how to approach them.[28]

The strategies below are intended to serve as examples of successful cases of working according to standardised and formalised methods.

Practice examples of standardised and formalised methods are listed below.

28. Thorsager et al., 2007: *"Metoder i socialt arbejde – Begreber og problematikker"*

Killiliisa

Purpose
To promote well-being amongst children and young people who are victims of or potential victims of sexual abuse, Naalakkersuisut formed the Killiliisa strategy against sexual abuse for 2018-2022.
Through collaboration with the population, professionals and the country's politicians, the strategy seeks to create positive changes and reduce the occurrence of sexual abuse. The core goals of the strategy are:

- To reduce the occurrence of sexual abuse within 5 years so it does not occur amongst 15–29-year-olds.
- To reduce the occurrence of sexual abuse against children and youth for every birth cohort with the aim of 2022 being an abuse-free generation.
- To ensure the best possible help and support to all citizens who have been impacted by sexual abuse.

The strategy has been implemented in all of Greenland.

Actors
Social and healthcare sector, as well as the educational and judicial sector

Target group for initiative
Children exposed to sexual abuse, children and youth with boundary-crossing behavior

Evaluating
As the strategy concludes in 2022, no final evaluation has been conducted yet. However, an evaluation of Killiliisa's manual was conducted in 2020.[29] In a survey sent out to almost 300 professionals nationwide, the evaluation could determine that the manual is delivering positive results e.g.:

- Professionals experience increased confidence and less doubt when it comes to acting on suspicion
- An increase in efficiency and confidence amongst professionals has led to an earlier detection of children who are being neglected
- Professionals are less reluctant to address complex cases of sexual abuse against children

Further reading: Killiliisa Håndbogen (naalakkersuisut.gl)

29. The following link contains a description of the strategy, evaluation of the manual and a preliminary evaluation from 2019: https://paarisa.gl/materialer/film_og_udgivelser/killiliisa/udgivelser?sc_lang=da.

National strategy for suicide prevention in Greenland 2013–2019

Purpose

With the National Strategy for Suicide Prevention in Greenland 2013–2019, Naalakkersuitsut aims to minimise the incidence of suicide and suicide attempts through wide-ranging cooperation across sectors and professions.

The strategy has following aims:

- Minimise incidence of suicide and suicide attempts
- Strengthen the cross-professional and cross-sectoral work concerning suicide prevention
- Promote societal knowledge on mental health and suicide prevention
- Ensure systematic registration of risk groups and risk behaviour

The work with the strategy has now been implemented and anchored with the Greenlandic police.

Actors

The strategy includes representation from the healthcare sector, dental care, municipalities, primary school, police, social administration, and the Danish Prison and Probation Service. In cooperation with one another, they coordinate the local prevention efforts to minimise suicide attempts through:

- Preparation, testing, and managing local emergency preparedness plans
- Appointing a local project coordinator who ensures a continuous development and management of knowledge on suicide prevention amongst local professionals
- Initiating local efforts and initiatives (e.g., courses on suicide prevention)

Target group for initiative

Suicidal children and youth

Evaluation/documentation/method

No evaluation of the strategy has been conducted yet.
The strategy is included in this paper as a practice example, as it spans across several sectors with an aim to reduce the number of suicides and suicide attempts at the local and national level. The purpose of the strategy was to strengthen coherence between the healthcare and social services sector to provide the best possible follow-up support for people at risk of committing suicide and people who have lost a loved one to suicide. In addition, the strategy also focuses on relatives and loved ones, as the risk of suicide is higher among those who know someone who has committed suicide. The holistic and cross-sectoral essence of the intervention is why it has been included as a practice example.

5.0 Perspectivation

The purpose with this paper was to provide a description of cross-sectoral areas for collaboration between the healthcare and social services sectors in the Nordic region. In addition, we wanted to map out examples of practice aimed at children and young people in mental distress.

The paper is intended to inspire those seeking knowledge about important elements in the development of new initiatives which include both the social services and healthcare sectors targeted at children and young people in mental dissatisfaction. The presented initiatives include interventions aimed at individuals as well as population groups.

As mentioned earlier, the background to *Mental Distress Among Nordic Youth* is, among other things, that there is a need for coordinated interventions across the healthcare and social services sectors as well as knowledge about the impact of those interventions. We have made an effort to find well-documented interventions targeting young people in mental distress. A clear criterion was that the intervention should be cross-cutting, i.e. with the involvement or representation of both the healthcare sector and social services sector in every intervention.

Currently, there is also a need for more documented knowledge about the important collaboration between the healthcare and social services sectors. More thorough evaluations of collaboration models that cut across the two sectors would allow us to obtain more reliable knowledge about the most important and impactful elements needed to create good cross-sectoral collaborations aimed at helping young people in mental distress.

A number of findings indicate a need for a greater focus on creating the right conditions for young people to thrive. As more people, including children and adolescents, are developing mental health issues, professionals, social workers and researchers must go the extra mile together as a community. Not only would this help young people affected by mental distress and their loved ones, but it would also have positive socioeconomic effects.

In the future, well-documented interventions that cut across sectors will allow us to draw conclusions on the impact of the interventions and the factors that are important and impactful across the various interventions. This will in turn allow new interventions to be (further) developed with a view to helping young people in mental distress who need help and support from the healthcare and social services sectors.

This paper thus represents an initial review of practice examples, which amounts to a relatively modest collection. Accordingly, there is a need for a more in-depth mapping of the practice examples and what conclusions they point towards in relation to strengthening cross-sectoral efforts aimed at young people in mental distress.

Appendix

Task description and criteria for selection of best practice examples

SUB-TASK A	**"Outline cross-sectoral cooperation between the healthcare and social services sectors in the Nordic countries"**
TASK	*Each member state should provide a brief description of the formal organisation or structure of their social services sector, healthcare sector, and cross-sectoral collaboration. Each member state should include any organisational diagrams and the like which provide an illustrative overview of sectoral collaboration and specific areas of collaboration between the social services sector and healthcare sector in their country. Each member state account should be approximately 2 pages in English (excluding any organisation diagrams).* **Content for formal organisation and structure that should be outlined:**
FORMAL ORGANISATION	Please outline the formal organization of the healthcare sector and social services sector at the local, regional and national level in your country. What is the organization or structure between the two sectors?
STATUTORY RESPONSIBILITY	Please outline who holds the statutory responsibility for the target group of young people with mental distress, including young people with mental disorder. What is the division of responsibilities in relation to this target group? This information can potentially be found in the preamble of relevant laws (in Denmark, for example, it can be found in the Danish Health Act and Danish Consolidation Act on Social Services).
DIVISION OF RESPONSIBILITY AND DUTY TO ACT	What is the division of responsibilities concerning the duty to act? For example, indicate which level of government (e.g. the municipal, regional or national) is primarily responsible for interventions aimed at the target group. If your country has a written form of collaboration on interventions, please describe this. Please indicate briefly whether information on the division of responsibility can be found in overarching written collaboration agreements, such as collaboration agreements between regional and municipal authorities.

SUB-TASK B	**"Outline 2–5 best practice examples of interventions that cut across the two sectors"**
TASK	*Each member state has identified and described a minimum of 2 and a maximum of 5 examples of best practice interventions aimed at the target group which are cross-sectoral collaborations between the healthcare and social services sectors. Cases should be selected based on the following minimum criteria for best practice examples of interventions.*
SUB-TASK B	**MINIMUM CRITERIA FOR THE SELECTION OF BEST PRACTICE EXAMPLES**
INTERVENTIONS THAT CUT ACROSS THE PUBLIC SECTOR	The healthcare sector and social services sector should be interpreted to mean the public sector. This means that the intervention must be grounded in public administration. One of the criteria is that interventions must be cross-cutting, with the involvement or representation of both the healthcare sector and social services sector. For example, this could include cases that entail: • a formal or informal referral agreement between the sectors • a practical collaboration between one or several municipalities and psychiatric services • a collaboration between general practitioners from the healthcare sector and municipalities, the latter representing the social services sector • programmes for specific target groups. The target group must fall under the target group of this project.

TARGET GROUP	The target group must be clearly defined and described based on the Nordic network's defined target group of young people suffering from mental distress. Please indicate whether the intervention's target group: 1. shows signs of distress 2. is suffering from mental distress 3. shows signs of mental disorder Falls within an age range of 13–25 years.
WELL-DOCUMENTED INTERVENTION	The case must live up to standards for well-documented interventions with positive results or effects. What knowledge or research is the intervention based on? For example, if it is evidence-based, this should be noted. The intervention must have undergone an evaluation that resulted in positive findings. Ongoing interventions with results or effects that are anticipated to be positive can be included.
LANGUAGE	The documentation for the intervention as well as additional information can be submitted in your own language.

SUB-TASK B	**CRITERIA FOR DESCRIPTIONS OF INTERVENTIONS**
TARGET GROUP	The target group must be clearly defined and described. falls within an age range of 13–25 years. If the age range differs from 13–25 years, the majority of the intervention's target group should fall within the 13–25 age range. The intervention's target group must be described in relation to gender. The target group follows the Nordic network's defined target group for young people suffering from mental distress. Indicate whether the intervention's target group: 1. shows signs of distress 2. is suffering from mental distress 3. shows signs of mental disorder 4. is comprised of young people with a clinical psychiatric diagnosis The target group can be described on the basis of the WHO's classification system for diagnoses, ICD-11. Describe whether the intervention relates to children/young people with special needs (and if so, what needs) or is aimed at the public at large. Regarding point 4, an intervention meets the eligibility criteria if the target group extends beyond the first three target groups and thus entails an intervention for young people with a clinical psychiatric diagnosis. In that case, the case must meet the minimum criteria, and the target group must be described separately. As far as possible, it should be outlined whether the intervention is preventive or therapeutic in nature. In some cases, an intervention may serve a preventive as well as therapeutic purpose for the target group. If so, this should be noted.
WELL-DOCUMENTED METHOD OR INTERVENTION	Outline whether the intervention's social services or healthcare methodology is clear and well-defined. What is the duration of the intervention (this could be the average duration, for instance). Are there any national social services or healthcare standards for the knowledge foundation for interventions or methods? The knowledge foundation should be outlined on the basis of any such standards. How does the intervention affect the beneficiaries within the target group - do some beneficiaries experience better outcomes than others, for example? How is the intervention regarded by the beneficiaries themselves?
RESPONSIBILITY FOR THE INTERVENTION	Outline which actors are responsible for performing the intervention. Which sector do they fall under, and at which level? Where does the responsibility for financial management of the intervention lie? Who is responsible for any follow-up efforts for the young persons? What is the practice for referrals to the intervention, i.e. which actor from which sector refers the young person to the intervention? Or can young persons participate in the intervention without referral?
FIELD/CONTEXT	Outline and indicate the field(s) in which the intervention is implemented: Is it in the area of social services, education, healthcare or employment, or is it a civil society intervention? Is the intervention based in part or entirely on a digital platform? Is this a supplement to an intervention in the above fields or exclusively a digital intervention?
KEY ACTORS AND AREAS OF	Indicate the key actors in the fields of social services and healthcare that are related to the target group in the case, i.e. actors at the local, regional or national level. How does the intervention entail collaboration between these actors?

COOPERATION	What is the role of civil society (if any) in the collaboration/intervention? How does the collaboration/areas of collaboration between sectors or fields work in the service? How is the collaboration between the key actors organised? For example, if the collaboration is based on a documented collaboration or network model, that model should be outlined separately. Criteria for good collaboration could include: - collaboration agreements (written or verbal) - clear delineation of duties - clear delineation of responsibilities
YEAR AND TIMEFRAME	Indicate the period in which the intervention was/has been implemented or piloted. Both completed and ongoing intervention examples can be included.
QUALITATIVE ASSESSMENT OF THE INTERVENTION	Why have you chosen to highlight this intervention? Is it the intervention itself or the impact that is notable? Is it the collaboration between different fields that the intervention required/requires that you wish to highlight? In your opinion, how does the intervention stand out as an example of best practice for the target group, specifically in a Nordic context? You can also include any negative aspects of the intervention, its implementation or methodology here.

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